Air Act with respect to emissions of one or more ozone precursors.

(D) The term ''ozone precursors'' means air pollutants that are precursors of (ground level) ozone.

(E) The term ''VMTs'' means vehicle-miles-traveled.

(2) DESCRIPTION OF PROGRAM.—For purposes of subsection (a)(1) and other provisions of this section, the proposed pilot program described in this subsection is a pilot program under which the following would occur:

(A) Methods would be evaluated and developed for calculating reductions in emissions of ozone precursors that can be achieved as a result of reduced VMTs by telecommuting employees of participating employers.

(B) the estimated reductions in such emissions for the periods of time involved would be deemed to be items that may be transferred by such employers to other persons, and for such purpose the employers would be issued certificates indicating the amount of the reductions achieved for the periods (referred to in this section as ''emission credits'').

(C) A commercial trading and exchange forum would be made available to the public for trading and exchanging emission credits.

(D) Through the commercial trading and exchange forum, or through direct trades and exchanges with persons who hold the credits, regulated entities would obtain emission credits.

(E) Regulated entities would present emission credits to the Federal Government or to the State involved (as applicable under the Clean Air Act) and the amounts of reductions in emissions of ozone precursors represented by the credits would for purposes of the Clean Air Act be deemed to assist in achieving compliance.

(F) The Federal Government would (explore means) to facilitate the transfer of emission credits between participating employers and regulated and other entities.

(c) SITES FOR OPERATION OF PILOT PROGRAM.—

(1) IN GENERAL.—The Secretary shall ensure that the design developed under subsection (a) includes (recommendations for) carrying out the proposed pilot program described in subsection (b) in each of the following geographic areas:

(A) The greater metropolitan region of the District of Columbia (including areas in the States of Maryland and Virginia).

(B) The greater metropolitan region of Los Angeles, in the State of California.

(C) Three additional areas to be selected by the Secretary, after consultation with the grantee under subsection (a).

(2) CONSULTATION.—The Secretary shall require that, in carrying out paragraph (1) with respect to a geographic area, the grantee under subsection (a) consult with local governments and business organizations in the geographic area.

(d) STUDY AND REPORT.—The Secretary shall require that, in developing the design under subsection (a), the grantee under such subsection study and report to the Congress and to the Secretary the potential significance of the proposed pilot program described in subsection (b) as an incentive for expanding telecommuting and reducing VMTs in the geographic areas for which the design is developed, and the extent to which the program would have positive effects on—

(1) national, State, and local transportation and infrastructure policies;

(2) energy conservation and consumption;

(3) national, State, and local air quality; and

(4) individual, family, and community quality of life.

(e) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of making the grant under subsection (a), there is authorized to be appropriated $250,000 for fiscal year 2000. Amounts appropriated under the preceding sentence are available until expended.

STATEMENT ON THE 5TH ANNIVERSARY OF THE AMIA BOMBING

HON. NITA M. LOWEY

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Monday, July 19, 1999

Mrs. LOWEY. Mr. Speaker, over the past decade, we have seen a horrifying increase in terrorist attacks around the world. Extremists in every corner of the globe have carried out violent, deadly attacks on innocent civilians in the Middle East, Latin America, the United States, and elsewhere.

One of the worst terrorist attacks in the 1990s was the bombing of the AMIA Jewish Community Center in Buenos Aires, Argentina. July 18, 1999 marks the fifth anniversary of this cowardly attack on the Jewish community of Argentina, which tragically took the lives of 86 people, and injured over 200 more.

I rise today to honor the memory of the victims of the AMIA bombing; to pay tribute to the families of those victims, who have carried on with tremendous strength and courage; and to join them in their call for justice.

Mr. Speaker, although it has been five years since the AMIA bombing—and seven years since the bombing of the Israel Embassy in Buenos Aires, which killed 29 people—the perpetrators of these terrorist attacks have not yet been brought to justice.

Last year, I had the privilege of visiting Buenos Aires and meeting with representatives of the Jewish community there. I stood with members of Memoria Activa, AMIA, DAIA, and others affected by these bombings, and I joined them in their demand that the Argentine government do more to arrest and prosecute those responsible for these terrible attacks. But our calls have gone unanswered.

The absence of swift and sure justice for the terrorists who carried out these attacks is a tragic mockery of the memory of those who lost their lives. A terrorist attack anywhere in the world is a threat to all of us. And a terrorist attack that goes unpunished, is an invitation for these cowards to strike again.

Mr. Speaker, today we honor the memory of the victims of the AMIA bombing. The greatest gift we can give to their friends and family is to bring their killers to justice. I can upon our own government and the Argentine government to do everyting in their power to close this horrible chapter in our fight against terror.

HALTING THE ANTHRAX VACCINATION PROGRAM, H.R. 2548

HON. BENJAMIN A. GILMAN

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Monday, July 19, 1999

Mr. GILMAN. Mr. Speaker, I rise today to introduce H.R. 2548, a bill to halt the implementation of the Department of Defenses' Anthrax Vaccination Program. I urge my colleagues to join me in supporting this worthy legislation.

This legislation would halt the continued implementation of the force-wide Anthrax Vaccination Program within the Department of Defense. As my colleagues may know, this program was the result of a decision reached by the Secretary of Defense early last year that mandatory vaccination of all personnel in the U.S. Armed Forces was necessary.

Concerns about the program began shortly after its implementation earlier this year and have increased as the number of troops receiving the vaccine has increased. These problems attracted the attention of the Government Reform Subcommittee on National Security, which initiated a series of hearings in March. To date, the subcommittee has had three hearings, with a fourth scheduled for this week.

The congressional hearings held in March, April, and June have raised a number of concerns about the vaccination program including its purpose, its value, the manner in which it is being carried out, and its effects on those who serve in uniform. These concerns have been heightened by recent media reports and information circulating among those affected by the vaccine. Subsequently, my office, and those of many of my colleagues, has received an increasing number of contacts from concerned constituents, both members of the Armed Forces, as well as their distraught parents or relatives.

The Secretary of Defense set out four specific conditions that had to be met before the vaccination program could start: First, supplemental testing to assure sterility, safety, potency, and purity of the vaccine stockpile; second, implementation of a system for fully tracking anthrax immunizations; third, approval of operational plans to administer the vaccine and communications plans to inform military personnel; and fourth, review of medical aspects of the program by an independent expert.

According to the hearing testimony before the subcommittee, none of these conditions was satisfactorily addressed before the vaccine program was implemented.

The most prominent concern raised relates to the overall effectiveness of the vaccine. The FDA approval cited by the Defense Department was for a vaccine that was designed to protect workers in the woolen industry from cutaneous contact with anthrax spores. Conversely, the primary anthrax threat facing military personnel is not from cutaneous, but weaponized versions of the bacteria, which are inhaled by their victims. There has been little or no testing of the vaccine's effectiveness in humans against this form of anthrax. Some testing has been done on animals with mixed results, the most promising returns coming from laboratory monkeys. However, to assume a drug that has achieved moderately successful results in primates will have a similar response with humans is only the start of basic research, not a definitive conclusion based on solid scientific evidence.

Moreover, Mr. Speaker, there is no evidence from the Defense Department that this vaccine would be effective against altered or multiple anthrax strains. Given that the Soviet Union placed a high priority on the development of the deliverable multiple anthrax strains, this is a legitimate concern. Analysis of tissue samples from Russians killed in an accidental anthrax release from a production facility in the 1970's have indicated infection from a combination of individual strains.

A second major concern relates to the overall safety of the vaccine. As with any drug, there are concerns about harmful side effects. Since 1970, the primary recipients of the vaccine have been several thousand mill workers and mostly DOD researchers. This limited civilian usage of the drug has resulted in limited evidence of adverse reactions. The one exception to this was the inoculation of approximately 150,000 gulf war troops. However, the Defense Department's poor recordkeeping after the gulf war has made gleaning any useful information about the vaccine's effectiveness or harmful side effects impossible. In fact, a Senate committee studying gulf war illness in the 103rd Congress did not rule out the use of the vaccine as a cause of gulf war syndrome.

Thus, it is premature to conclude that a drug used on several thousand individuals with a small incidence of adverse effects is safe to administer to 2.5 million military personnel. A simple overall 2 percent rate would yield 50,000 adverse reactions each and every year. This is an unacceptably high rate (more on the DOD reported reaction rate later). It is also completely unknown what will be the effect of cumulative annual boosters, let alone the combined effects from 15 or so other biological warfare vaccines under development. I ask, Mr. Speaker, what other force protection program has, as a built-in component, such a high casualty rate and unknown level of future risk?

Questions regarding the safety of the vaccine are appropriate given the history of the production of the vaccine. The original manufacturer of the vaccine, Michigan Biologics Products Institute (MBPI), ''voluntarily'' closed down in March 1998, in order to make $1.8 million renovations. Prior to this, MBPI had been cited repeatedly by the FDA for quality control problems and manufacturing violations dating back to 1990.

The subcommittee briefing from the April 29 hearing, stated that the vaccine ''is dangerous enough that the manufacturer demanded, and received, indemnification from the Army against the possibility that persons vaccinated may develop anaphylaxis or some unforseen reaction of serious consequences, including death. Private indemnity insurance was considered too costly.'' If the manufacturer was highly concerned about potential civil litigation, why was the Defense Department so quick to convey the message that the vaccine was safe for general use? This is a question that needs to be addressed.

There are additional concerns related to the tracking system being implemented with this vaccine. The gulf war experience illustrated the need for a comprehensive tracing system to measure the potential side effects of the multiple vaccinations often administered to soldiers being deployed overseas. While I understand that such a tracking system has been developed for this program, there have been several reports of individuals being inoculated with expired lots of the vaccine, to the significant detriment of their health as recorded in testimony and the media.

Moreover, it appears that adverse exclusionary categories, such as respiratory conditions, previous reactions, chills and fever, and pregnancy are not being adequately reviewed by the personnel in charge of administering the shots. Rather, the subcommittee has received reports that many of those administering the vaccine are simply glossing over communicating the exclusionary requirements in an effort to inoculate as many individuals as rapidly as possible. Likewise, there is evidence suggesting that the reporting of adverse reactions among troops who have received the vaccine, is being discouraged, so as not to cause undue alarm in those units which have not received their first round of shots.

In that same regard, the official Defense Department's reported reaction rates of between .0002 percent and .007 percent this year is not reassuring. The subcommittee has received reports that vaers forms are not available to service members, not filled out, or not forwarded. FDA and JAMA sources indicate extremely low percentages of reactions are ever reported anyway, and the military's record of reaction reports with the 1970's swine flu vaccine is far below that of civilian rates. Given these qualifiers, it seems the DOD-reported reactions rates should, at least, be accompanied by reasonable disclaimers.

There is also some uncertainty with the operational plans to administer the vaccine. There appears to be some confusion with deadlines as some units begin their shots and frequent deadline adjustments for unit personnel to receive their shots. Some of those deadline adjustments appear due to commander fear of excessive personnel losses because of the vaccine. Additionally, as Reserve Component personnel express an interest in transferring or terminating their participation because of the vaccine, the subcommittee has heard that they are met with delays, instructions to not list the vaccine as a reason, and even threats of poor evaluation reports. If members are convinced after careful research that a policy truly threatens their civilian livelihood, they should be allowed to communicate the truth about their perspective.

Moreover, the Reserve Officers Association has recommended that all National Guard and Reserve units should receive shots from lots of newly made vaccine. The ROA is chartered by Congress to review Defense policies to ensure their adequacy. Since they represent 80,000 current, experienced, and retired Reservists, their opinion should be considered carefully. Given that Bioport Corp. is not due to begin distribution of new vaccine until next year, and Guard and Reserve units are currently being vaccinated, it appears that DOD has rejected this recommendation.

Lastly, there are serious reservations about the independent review of the medical aspects of the vaccination program. The reviewer in question, Dr. Gerald N. Burrow, has been cited by the Defense Department as approving of the safety and effectiveness of the vaccine. Yet in a letter to the subcommittee dated April 26, 1999, Dr. Burrow stated:

> The Defense Department was looking for someone to review the program in general and make suggestions, and I accepted out of patriotism. I was very clear that I had no expertise in anthrax and they were very clear they were looking for a general oversight of the vaccination program . . . I had no access to classified information. The suggestions I made were to utilize focus groups to be sure the message they wanted to send to force personnel was being heard, and to use the vaccination tracking system as a reminder for subsequent vaccinations. I had no further contact after delivering my report and do not know whether my suggestions were implemented.

Given that the independent reviewer was admittedly not an expert in the field of anthrax, how can the Defense Department stand by his earlier claims that the vaccine was safe for distribution and the ''best protection against wild-type anthrax?'' Given past poor credibility in these issues, the history with gulf war illnesses, and the enormous potential risk to our entire population of uniformed defenders, why was this individual, and not someone with a background in large vaccination programs or biological agents like anthrax, selected for the independent review? These are questions that the Secretary of Defense needs to answer.

Mr. Speaker, it bears mentioning that several of our allies have taken a different approach to this issue. The United Kingdom has a voluntary vaccine policy for anthrax, which yields only an estimated 30 percent cooperation. The Canadians have faced the similar controversies to our program, and even more severe logistics problems with their vaccine, and are not currently administering it to their troops. Furthermore, it should be noted that Israel, which is conceivably at the greatest risk in the middle east and has received Scud attacks, does not rely on vaccines, but antibiotics.

Moreover, our own State Department, which arguably has more personnel risk because embassies are less well protected than military units, has only a voluntary policy. It is almost inescapable that this policy appears as a captive research market. Why in light of everyone else's lack of forced inoculations is it necessary to put U.S. service member trust on the line when two surveys have indicated that 80 percent of the civilian and military respondents oppose the program?

Above and beyond the specific concerns mentioned here, we are concerned about the public perception of the anthrax vaccination program and its impacts on service member morale. We must ensure that this single force protection measure which addresses only one of myraid of biological threats is not itself a more real threat to our citizens in uniform.

This legislation would accomplish this goal by requiring a suspension of the anthrax vaccine program until an independent study by the National Institutes of Health is conducted on both the safety and effectiveness of the vaccine. This study would review the claim being made by the Defense Department concerning both the effectiveness of the vaccine against airborne anthrax as well as on the low incidence of harmful side effects.

In addition, the legislation would require a second study by the General Accounting Office, on the effect of the vaccination program on service morale, focusing specifically on recruiting and retention issues in National Guard units.

Should these studies show that the vaccine is indeed effective against weaponized anthrax, is produced in a safe, controlled manner acceptable to the FDA, and does not have an unacceptably high systemic reaction rate, Congress may authorize the resumption of the program. Until these questions are answered however, our service men and women should not be subjected to a mandatory vaccination program with so many unknowns.

To allow the program to continue without these concerns being addressed, would not only be irresponsible, it would be, for those of us in Congress, an abdication of our oversight authority. As it currently stands, the anthrax vaccination program simply has too many unknowns. It may or may not work as advertised,

and in doing so, may fulfill the old cliche of the cure being worse than the illness.

Given that our allies have seen fit to either make their programs voluntary, or eliminate them altogether, we owe our men and women in uniform a closer look at the effects of our program.

Accordingly I urge my colleagues to join in support of this measure, H.R. 2548.

H.R. 2548

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Department of Defense Anthrax Vaccination Moratorium Act''.

SEC. 2. SENSE OF CONGRESS.

It is the sense of Congress that—

(1) a single force protection measure such as the mandatory anthrax vaccine immunization program should not be implemented by the Department of Defense without regard for that measure's own effects on morale, retention, recruiting, and budget; and

(2) an insufficiently proven vaccine should not be advocated as a substitute for research, development, and production of truly effective vaccines and essential antibiotics, adequate personal protective equipment, detection devices, and nonproliferation measures.

SEC. 3. MORATORIUM OF VACCINATION PROGRAM.

The Secretary of Defense shall suspend implementation of the anthrax vaccination program of the Department of Defense. After the date of the enactment of this Act, no further vaccination may be administered under the program to any member of the Armed Forces except in accordance with this Act.

SEC. 4. STUDY BY NATIONAL INSTITUTES OF HEALTH.

(a) STUDY.—

(1) IN GENERAL.—The Director of the National Institutes of Health shall require the appropriate national research institute to conduct or oversee an independent study of the effectiveness and safety of the vaccine used in the Department of Defense anthrax vaccination program.

(2) MATTERS TO BE STUDIED.—The Director shall include in the study under paragraph (1) determination of the following with respect to that vaccine:

(A) Types and severity of adverse reactions.

(B) Long-term health implications, including interactions with other (existing and planned vaccines and medications.

(C) Efficacy of the anthrax vaccine for protecting humans against all the strains of anthrax pathogens members of the Armed Forces are likely to encounter.

(D) Correlation of animal models to safety and effectiveness in humans.

(E) Validation of the manufacturing process focusing on, but not limited to, discrepancies identified by the Food and Drug Administration in February 1998 (especially with respect to the filter used in the harvest of anthrax vaccine, storage times, and exposure to room temperature).

(F) Definition of vaccine components in terms of the protective antigen and other bacterial products and constituents.

(G) Such other matters as are in the judgment of the Director required in order for the Director to make the determinations required by subsection (b).

(3) LIMITATION.—The Director may not use for purposes of the study any data arising from the experience of inoculating members of the Armed Forces with the vaccine studied because of the lack of informed consent and inadequate recordkeeping associated with such inoculations.

(b) REPORT.—Upon completion of the study, the Director of the National Institutes of Health shall submit to the Committee on Government Reform of the House of Representatives and the Committee on Governmental Affairs of the Senate and to the Secretary of Defense a report setting forth the results of the study. The report shall include the Director's determination, based upon the results of the study, as to each of the following:

(1) Whether or not the vaccine used in the Department of Defense anthrax vaccination program has an unacceptably high systemic reaction rate.

(2) Whether or not the vaccine is effective with respect to noncutaneous transfer of anthrax.

(3) Whether or not the vaccine will be produced in a manner acceptable to the Food and Drug Administration.

SEC. 5. GENERAL ACCOUNTING OFFICE STUDY.

(a) IN GENERAL.—The Comptroller General shall conduct a study of the inoculation program referred to in section 3 and of the effect of the use of contractor-operated facilities for that program. As part of the study, the Comptroller General shall study the following with respect to the inoculation program:

(1) Effects on military morale, retention, and recruiting.

(2) Civilian costs and burdens associated with lack of military medical care and loss of civilian sick leave and work capacity for members of the reserve components who experience adverse reactions while not in military status.

(3) A system of accurately recording medical conditions of members of the Armed Forces and other patients before and after inoculation, including off-duty reactions and treatment of reserve component members and including screening for allergens and contraindication, to include prior adverse reactions.

(b) PUBLIC COMMENTS.—The Comptroller General shall publish the study under subsection (a) for public comment.

(b) GAO REVIEW.—The Comptroller General shall review the Secretary's written report and provide comments to Congress within 75 days after the Secretary files the report.

SEC. 6. BOARDS FOR CORRECTION OF MILITARY RECORDS.

The Secretary of Defense shall direct that the respective Boards for Correction of Military Records of the military departments shall, upon request by individual members or former members of the Armed Forces, expedite consideration of applications for remedies for adverse personnel actions (both voluntary and involuntary) that were a result of the mandatory anthrax vaccine immunization program, to including rescission of administrative discharges and separation, rescission of retirements and transfers, restoration of flying status, back pay and allowances, expunging of negative performance appraisal comment or ratings, and granting of physical disability certificates.

SEC. 7. CONTINGENT RESUMPTION OF VACCINATION PROGRAM.

(a) CONTINGENT AUTHORITY FOR RESUMPTION.—If the Director of the National Institutes of Health determines in the report under section 3(b) that the vaccine used in the anthrax vaccination program of the Department of Defense meets each of the criteria stated in subsection (b), the Secretary of Defense may resume the Department of Defense anthrax vaccination program. Any such resumption may not begin until the end of the 90-day period beginning on the date of the submission of the report under section 3(b).

(b) CRITERIA FOR PROGRAM RESUMPTION.—the criteria referred to in subsection (a) are the following:

(1) That the vaccine used in the Department of Defense anthrax vaccination program does not have an unacceptably high systemic reaction rate.

(2) That the vaccine is effective with respect to noncutaneous transfer of anthrax.

(3) That the vaccine will be produced in a manner acceptable to the Food and Drug Administration.

(e) REQUIREMENT FOR USE OF NEW VACCINE.—If the anthrax vaccination program is resumed under subsection (a), the Secretary of Defense may only use newly produced vaccine for vaccinations after the resumption of the program.

DEPARTMENT OF THE INTERIOR AND RELATED AGENCIES APPROPRIATIONS ACT, 2000

SPEECH OF

HON. TOM BLILEY

OF VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, July 14, 1999

The House in Committee of the Whole House on the State of the Union had under consideration the bill (H.R. 2466) making appropriations for the Department of the Interior and related agencies for the fiscal year ending September 30, 2000, and for other purposes.

Mr. BLILEY. Mr. Chairman, section 322 of H.R. 2466 is a funding limitation to prevent monies appropriated under the bill to be used by the National Telecommunications and Information Administration (NTIA) for spectrum purposes, GSA Telecommunication Centers, or the President's Council on Sustainable Development. I rise in opposition to this provision's applicability to NTIA's spectrum functions because of its potential impact on telecommunications policy and efficient use of the radio spectrum by government users.

Spectrum management issues fall within the jurisdiction of the Commerce Committee. As our Members have learned over the years, spectrum management is a complex task that requires detailed and analysis and consideration. Under the current process, the Federal Communications Commission (FCC) oversees the use of spectrum by private entities and NTIA oversees the use of spectrum by government entities, including the Department of Interior.

NTIA currently is required to be reimbursed by all federal agencies for the spectrum management functions NTIA does on behalf of the agencies. Today, federal agencies typically reimburse NTIA for about 80 percent of the costs associated with spectrum management. Since its inception, reimbursement by federal agencies to NTIA for spectrum functions has had a positive impact on the spectrum efficiency of federal agencies. Putting a cost on government spectrum has caused agencies to reassess exactly how much spectrum and what precise frequencies they need to complete their mission. This cost, however, is not an attempt to decrease or interfere with the valuable functions that federal agencies use spectrum for. In practice, the concept has promoted spectrum efficiency and promoted the efficiency of NTIA's spectrum management functions.